

# INCUMBENT WORKER TRAINING CONTRACT

## I. CONTRACT INFORMATION

Program Title \_\_\_\_\_ Case Manager \_\_\_\_\_ Case Manager Phone \_\_\_\_\_

Grantor Name \_\_\_\_\_

Grantor Address \_\_\_\_\_

Grantor Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Trainee Name \_\_\_\_\_ Trainee SSN \_\_\_\_\_

Training Occupation \_\_\_\_\_ Trainee Job Title: \_\_\_\_\_

Current Trainee's Wage: \_\_\_\_\_ per hour / salary Length of Employment: \_\_\_\_\_

Purpose of Training:  Upgrade Skills  Retain Current Position  Avert Lay-off  
(If multiple trainees attach list which includes the above information for each trainee)

## II. EMPLOYER AND TRAINING INFORMATION

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone \_\_\_\_\_ Employer Tax ID Number \_\_\_\_\_

Industry: \_\_\_\_\_ Number of Years Operating in Kansas \_\_\_\_\_

**Employer Type:**  Corporation  Un-Inc. Association  Partnership  Labor Organization  
 Commission  Sole Proprietorship  Public Agency  Consortium

Training Location \_\_\_\_\_

Training Institution \_\_\_\_\_

Training Details:

Training Component	Date	Cost	Employer Match

Training Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Title

Title